[](http://www.google.com.au/imgres?q=netball+cartoon+images&start=393&safe=active&hl=en&biw=1192&bih=542&tbm=isch&tbnid=O_xbIRvVZd4f1M:&imgrefurl=http://www.cakechooser.com/850/baseball-cap-clip-art-old-nelly-furtado-bat-cartoon/QjRBRTk3QzFCNDdEQTI1OEVDQkQ1MUZFOUZCRjMwQjUzNzlBQ0YzMQ/&docid=AjnpcHoICfyZvM&imgurl=http://www.raffeallafernando.com/wp-admin/maint/baseball-clipart-free-5815.jpg&w=850&h=815&ei=PIKTUeygLsTtiAeZ7IDwAg&zoom=1&ved=1t:3588,r:96,s:300,i:292&iact=rc&dur=2086&page=23&tbnh=186&tbnw=194&ndsp=6&tx=102&ty=97)**Level 4 Interschool Summer Sport**

**Round Robin Competition**

*Friday 28th August and Friday 11th September 2015*

**BUS PERMISSION NOTICE**

Dear Parents,

This year the Nunawading District Interschool Summer Sport competition will be played on Friday 28th August and Friday 11th September.

Please refer to the playing venues outlined below:

Livingstone PS - Softball

Orchard Grove PS - Bat tennis, cricket and volleyball

Terrara Park - Lacrosse and ultimate frisbee

Nunawading Basketball Centre - Basketball Friday 28th August

Knox Basketball Stadium - Basketball Friday 11th September

All students are to report to Mr Walsh in the stadium on both days by 8.30am. The buses will leave Vermont Primary School at 8.45am and return to school at approximately 3.20pm. Students will need to bring their morning snack, lunch and drinks on both days of competition.

If your child has not paid the excursion levy, the cost of the Interschool Summer Sport program is $14.00. Please return this notice and money by Friday 14th August.

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**Level 4 Interschool Summer Sport**

**Round Robin Competition**

Friday 28th August and Friday 11th September 2015

**BUS PERMISSION NOTICE**

I give permission for ………………………………………………………………………………………. of Grade ……………………………….

to participate in the Interschool Summer Sport competition and travel by bus on Friday 28th August and Friday 11th September.

I enclose $14.00 to cover the cost of the excursion. 🞏

I have paid the excursion levy🞏

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving medical or surgical treatment as may be deemed necessary.

Signed …………………………………………………………. Phone …………………………………………………………

(Parent/Guardian)

Emergency ………………………………………………….

**Medical Conditions (please circle)** None Anaphylactic

Asthmatic Diabetes

Other ……………………………………………………………………………

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| **CREDIT CARD PAYMENT Mastercard Visa (please circle)**  **Payment for: Level 4 Interschool Summer Sport 2015** |
| **Amount $14.00 Credit Card Number \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| **Expiry Date: \_\_\_\_/\_\_\_\_ Name on Credit Card:** |
| **Signature: STUDENT NAME AND GRADE:** |